

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015291

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 65

Primary Registration District No. \_\_\_\_\_

Registrar's No. 16

FILED APR 19 1963

## 1. PLACE OF DEATH

a. COUNTY CHARITONb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN BRUNSWICKLength of stay in, 1b  
LIFEc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE MISSOURIb. COUNTY CHARITONc. CITY  
OR TOWN BRUNSWICKd. STREET  
ADDRESS 102N VAN BUREN

(If outside, give location)

Inside Limits  
Yes ☒ No ☐Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ALOYSIUS T. STROB4. DATE  
OF DEATH

Month

Day

Year

4-13-1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-27-1892

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MERCHANT

## 10b. KIND OF BUSINESS OR INDUSTRY

GROCERY

## 11. BIRTHPLACE (City and state or country)

BRUNSWICK MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JOHN STROB

## 13b. MOTHER'S MAIDEN NAME

MARY STRAUB

## 14. NAME OF HUSBAND OR WIFE

-15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)YES WWI

## 16. SOCIAL SECURITY NO.

-

## 17. INFORMANT

C. STROB

## Address

BRUNSWICK MO18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary OcclusionINTERVAL BETWEEN  
ONSET AND DEATHShortConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

ArteriosclerosisInterval between  
onset and deathUnknown

## DUE TO (c)

Obesity & HypertensionInterval between  
onset and deathUnknownPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., In or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Dec 10-1962 to April 13-1963 and last saw him alive on April 13-1963  
Death occurred at 7:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Grover C. Rice M.D.

(Degree or title)

## 22b. ADDRESS

East Broadway

## 22c. DATE SIGNED

15 Apr 6323a. BURIAL, CREMATION,  
REMOVAL (Specify)BURIAL

## 23b. DATE

4-16-1963

## 23c. NAME OF CEMETERY OR CREMATORY

ST DOM FACE

## 23d. LOCATION (City, town, or county)

BRUNSWICK MO

## 24. FUNERAL DIRECTOR

L.E. MCCURRY

## ADDRESS

BRUNSWICK MO

## 25. DATE RECD. BY LOCAL REG.

Apr 15-1963

## 26. REGISTRAR'S SIGNATURE

Dorrie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 1966

APR 25 1963

APR 24 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*L. E. M. Curry*

Licensed Embalmer No. 4806

P. O. Address Brunswick Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.